U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5.55	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Michael A Simeone	Name Teamsters Local No. 17
	Labor Organization File Number 025-763
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 6210 Salvia	Street 3245 Eliot Street
City Golden	City Denver
State Colorado ZIP Code +4 80403-7488	State Colorado ZIP Code + 4 80211-3301
5. Position in labor organization.	
- CONTRACTOR CONTRACTO	sions set forth in the instructions):
	sions set forth in the instructions): derived income or other economic benefit of
(except as specified in the exclu	sions set forth in the instructions): derived income or other economic benefit of
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	sions set forth in the instructions):  derived income or other economic benefit of on represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name Acme Distribution	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name Acme Distribution  Trade Name, if any:	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  Breakfast
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name Acme Distribution  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  Breakfast
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name Acme Distribution  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 18101 E Colfax	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  Breakfast  7.b. Amount.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name Acme Distribution  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 18101 E Colfax  City Aurora	sions set forth in the instructions):  derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  Breakfast  7.b. Amount.  \$20
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name Acme Distribution  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 18101 E Colfax  City Aurora  State Colorado ZIP Code + 4 80011	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  Breakfast  7.b. Amount.  \$20  Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name Acme Distribution  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 18101 E Colfax  City Aurora  State Colorado ZIP Code + 4 80011  Sign  15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  Breakfast  7.b. Amount.  \$20  Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the

Date

Telephone Number

Name of Person Filing Michael Simeone		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name American Income Life Insurance CO  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 7555 E Hampden Ave # 501  City Aurora  State Colorado ZIP Code + 4 80011	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.	
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Golf		
Street	11.b. Approximate dollar valu	ue of such dealing. \$80	
City	12.a. Nature of interest hel	State Committee of the	
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
	er parts A and B above)		
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant	er parts A and B above) or other thing of value.		
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above) or other thing of value.		
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	er parts A and B above) or other thing of value.		
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	er parts A and B above) or other thing of value.		
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	er parts A and B above) or other thing of value.		
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	er parts A and B above) or other thing of value.		

Name of Person Filing Michael Simeone	File Number U-
Part A Contin	uation Page
A. Held an interest in, engaged in transactions (including loans) with, or derived i employees your organization represents or is actively seeking to represent.	ncome or other economic benefit of monetary value from an employer whose
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.  Breakfast
Name Acme Distribution	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	2 C C C C C C C C C C C C C C C C C C C
	7.b. Amount.
Street 18101 E Colfax	durant to commission of the state of the sta
City Aurora	\$21
State Colorado ZIP Code + 4 80011	
Lancation of the state of the s	
A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.	income or other economic benefit of monetary value from an employer whose
Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name UPS	Lunch
Trade Name, if any:	
riade Nalie, il ally.	
P.O. Box, Bldg., Room No., if any	7.1. A
Street 5020 Ivy	7.b. Amount.
Sample and the second parties of the second	sala - Complete del Director del Complete del Director del Complete de
City Commerce City	
State Colorado ZIP Code + 4 80022	
A. Held an interest in, engaged in transactions (including loans) with, or derived i employees your organization represents or is actively seeking to represent.	ncome or other economic benefit of monetary value from an employer whose
Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name Roadway Express	Model Truck
Trade Name, if any:	
TIME HAITE, II CITY.	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.

Form LM-30 (2003)

City

Street [14700 Smith Road

Aurora

State Colorado

Add New Part A

ZIP Code + 4 80011

\$60

Name of Person Filing Michael Simeone	File Number U-
Part A Contin	nuation Page
A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.	income or other economic benefit of monetary value from an employer whose
Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name Yellow Freight	Model Truck
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street 15950 Smith Road	gradions de sista de la companya de
City Aurora	\$40
State Colorado Maria A. Maria ZIP Code + 4 80011	
A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.  Dinner
Name Yellow Freight	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	Standing that have been as the major manufacturery visibility and a proof plant agreed a financial system of the control of th
Street 2425 \$ 43rd Avenue	7.b. Amount.
City Phoenix	\$35
State Arizona ZIP Code + 4 85009	
A. Held an interest in, engaged in transactions (including loans) with, or derived	income or other economic benefit of monetary value from an employer whose
employees your organization represents or is actively seeking to represent.	7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7 h Amount
Street	7.b. Amount.

Form LM-30 (2003)

City

State

Add New Part A

ZIP Code + 4

Page 4 of 5

Name of Person Filing Michael Simeone	File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Barker Specialty Company	a. Labor Organization
Trade Name, if any:	- Constant
P.O. Box, Bldg., Room No., if any	b. Trust
Street 27 Realty Drive	c. Employer
City Cheshire	
State Connecticut ZIP Code + 4 06410	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Candy
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City English Control of the Control	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$45
	12.a. Nature of interest held or income received.
	12.b. Amount.

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Malaila Simeal	8-5-2005	
Signature /	Date	